

**The Girl Who Committed *Hara-Kiri*
and Other Clinical and Historical Essays**

by Franco Borgogno with a Foreword by Peter L. Rudnytsky
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As a result of a patient having initially plunged her analyst into a great silence, paradoxically, we have an account of the subsequent analytic treatment that has the makings of a nineteenth century novel in its capaciousness. In therapy, as elsewhere, life needs ample room to come into its own and, as much an orchestrator as an author on this occasion, Franco Borgogno has put together a remarkably inventive text, *The Girl Who Committed Hara-Kiri*, on early infantile trauma and the borderline psychotic transference. Borgogno makes an explicit claim on the analytic community for a ‘polyphonic’ response in his chapter on ‘Little Hans’, which, in light of the “groundbreaking and dramatic content” (p. 255) of Eissler’s interviews with Max and Herbert Graf, includes a postscript to an earlier paper of Borgogno’s on Freud’s case history. Beyond this particular case, however, the claim on the many voices of psychoanalysis may be seen as something of an organizing principle in a series of dialogues on history and intergenerational trauma, the intrapsychic and intersubjective, transformation and witnessing, spoilt children, and working-through with patients who are difficult to reach.

Multiple rather than selective, indeed *many-voiced* rather than eclectic, the form of the book ideally expresses the author’s longstanding commitment to the dialogical nature of psychoanalysis. Dostoevsky isn’t quite the right model here. Dickens and Stevenson are probably closer to the mark; in fact, a quote from *Great Expectations* provides the epigraph for the second part of the book and Dickens, whose *David Copperfield* Borgogno quotes elsewhere in relation to abandonment and orphanage, could be seen as the guiding spirit in a book that has urgent things to say about family violence and the ill-treatment of children. I favour Dickens therefore as the appropriate model, although in the interview with the author from 2010 that closes the book, Borgogno himself nominates the Spanish poet Antonio Machado and the Portuguese writer José Saramago as “the ones who express the spirit with which I have gathered my thoughts in these pages” (p. 327). The stress on spirit (Dickensian or otherwise) is the important point, insofar as it alerts us to ‘journeys’ and ‘conversation’ as the twin enthusiasms that animate the collection.

A wayfarer (to borrow Machado’s term) with a seemingly prodigious appetite for dialogue, Borgogno has put together a book based on the basic idea that as analysts we are engaged in ongoing conversations with our patients, but also with our colleagues and ourselves. Analysis is understood as “a special experience of conversation in which one is listened to, understood, and, overall, in which one obtains a response” (p. 330). For Borgogno, “responsive listening” (p. 339) is the *sine qua non* of the analytic frame of mind and, indeed, the book may be seen as a contribution to moves abroad to open psychoanalysis to a new experience of responsiveness and listening. Faimberg’s idea of ‘listening to listening’ is referred to in passing (p. 238), Parsons on ‘listening out, listening in’ may be added for good measure, and we may wish to look yet further afield in order to weigh psychoanalysis as an act of attention that credits the patient’s contribution.

Borgogno identifies responsive listening with a relational or bi-personal analytic perspective and, in his dialogue with Dina Vallino on deprivation and “spoilt children” (cf. Chapter 7), emphasizes that the therapeutic task in this case involves “transforming a violent turbulence into a friendly conversation about extremely

painful events” (p. 219). We look forward to hearing more from the author on what he means by “a conversation among friends” (p. 218). Meanwhile, the importance placed on conversation throughout the book is confirmed by Peter Rudnytsky’s subtle and intelligent foreword, in which he acknowledges the far-reaching implications of conversations at the crossroads. Rudnytsky, who shares the author’s approach to analysis, orientates readers with respect to the encounter between the man of pain and the shade of the Theban prophet standing there in the House of Death. Aptly placed by way of classical analogy, we are therefore introduced to a particular landscape, the ‘psychic climate’ or ‘atmosphere’ of which Borgogno describes in these essays along the central axes of deprivation, nullification and revivification.

Of course, there is a danger that the metaphor of the ‘journey’ is too easily achieved and that ‘psychoanalysis as a journey’ sounds too glib. Nevertheless, Rudnytsky reminds us that the master of exploits may be permitted to return home on the condition that, when an oar is perceived as a fan that separates chaff from grain, he recognizes what it means. The encounter that leaves Odysseus with word of his own death, gentle and painless as it might be, necessitates another journey. Borgogno (p. 328) quotes Saramago to this end: “*O fim duma viagem é apenas o começo doutra* (The end of one journey is simply the start of another)”. And while the Homeric epic describes a destination, if not a destiny, marked by a sign the meaning of which lies somewhere farther down the road, *The Girl who Committed Hara-Kiri* is presented without a conclusion, indeed, with an eye to the ‘analyst of tomorrow’.

To spell out the implicit link in the author’s guiding enthusiasms, the presupposition of meaning in the conjunction of signs and destination, including, the play of recognition and misrecognition, denotes Freud’s basic insight that talking can change not only what we believe, but how we believe it. Far from an alternative to the ‘talking cure’, the “interacting cure” (p. 293), as Borgogno describes it, is an integral part of the Freudian field. Freud certainly isn’t the hero of Borgogno’s story, but he is nonetheless the unavoidable source. That a conversation between two people – a gathering of ghosts if you will – might fundamentally change the structure of the human psyche constitutes Borgogno’s *point of departure* as an analyst. Readers will decide whether in this case it is a matter of returning home or taking leave for a yet unknown destination (Odysseus or Abraham). In any case, given the author’s central preoccupation with the dissociation of ‘infant souls’, we might add the Dantean journey among the dead and the lost souls in Dante’s Hell in support of the wager as well as the main theme of the book, namely, that psychic change, insofar as it revivifies or stirs patients to life, leaves room for *new futures* as an open-ended promise of renewal.

Treading in Michael Balint’s footsteps, Borgogno envisages the possibility of a new beginning in the transference, which, as Balint demonstrated with the use he made of the patient’s regression, involves going back to a point before the ‘basic fault’ (or ‘spoilage’ to use Borgogno’s preferred term) as a condition not only of the patient’s changed relation with the analyst, but also of more fundamental character changes. Here, as elsewhere, Borgogno confirms that the Independent tradition of English psychoanalysis, whose founding practitioners are among his main points of reference, is essentially a type of character analysis. We can do with a reminder that ‘character’ and ‘self’ aren’t synonymous terms, while also keeping the reference to ‘soul’ in play. In this respect, Borgogno brings a good deal of clarity to the debate about Independent psychoanalysis today; at the same time, the historic link between Balint and Ferenczi comes across, particularly, in the discussion of “preverbal traumatic events” (p. 288) and the “primitive transference” (p. 285). If the explicit

preoccupation with the metaphor of the ‘journey’ is Homeric in ways that Rudnytsky suggests, the epic becomes a specific historical response on the post-Freudian grounds of character analysis.

We come away from the book, then, convinced that the model for ‘psychoanalysis as a journey’ is irreducibly Freudian, even as it takes its bearings from Ferenczi, Bion, Paula Heimann, Racker, Winnicott and others. Generally speaking, Borgogno inherits Freud’s own radical sense of belatedness in presenting this highly inventive, multilayered book as an open dialogue with the Freudian tradition. The journey that Borgogno proposes for psychoanalysis involves keeping “the Freudian tradition alive” (p. 346), which means deepening our practice even as “the heart of the Freudian method remains alive” (p. 351). We are reminded by the clinical discussions, which comprise the first six chapters, that one is *already* belated at every turn in psychoanalysis. This is brought home by the overall ambition of the book to stand as “testimony to [a] way of being a psychoanalyst” (p. 327). Once again, the defiant, libertarian spirit of Saramago is at hand, with reference to the prolongation of the journey through memory, recollection and narrative. Or as Machado would have it in his altogether more plaintive, lyrical mode: “*caminante, no hay camino, / se hace camino al andar* (Wayfarer, there is no way, / You make the way as you go)”.

Borgogno effectively runs poetizing (*ein Dichten*) and thinking (*ein Denken*) together, in what amounts to a quintessential Freudian gesture, by constructing the journey, retrospectively, in the very act of testifying or bearing witness. André Haynal rates the book, at once, stimulating and formidable; let’s say that it achieves what it does by equating the rhetorical, figural use of retrospection and prolongation with the clinical work of witnessing and revivification. The book, in other words, is alive to what it says; metaphor becomes an ontological issue in the company of a seasoned traveller, if not a journeyman, for whom “there is no way” save the labour of expressing it in stories about where we find ourselves. The testimony thus brings the semblance of a journey into view for analysts and patients alike. If this is what Haynal means by ‘formidable’, then I tend to agree with his estimation. That metaphor is integral to reality, be it in dreams, symptoms or enactments, never ceases to inspire us as analysts.

Although having said that, it isn’t entirely clear to me whether we are meant to understand the journey-as-testimony in terms of the temporality of *nachträglichkeit*. The question is worth pondering. Personally, I remain unconvinced that constructions in analysis, as Freud defined matters in 1937, are qualitatively different from what Borgogno describes here as the recovery of an “unsymbolized and inaccessible historical past” (p. 287). This is hardly a quibble. The question of construction, in many ways, is at the heart of Borgogno’s theory of clinical technique; it has a direct bearing on what he has to say about role-reversal, working as a witness, therapeutic enactments, communicational interaction, and so on. As things stand, one would be hard pushed to trace the source of these important technical innovations back to Freud. And yet if we allow that the radical import of Freud’s late work turns on the distinction between ‘recollection’ and ‘construction’, then surely psychic revivification, bringing the patient “back to life” (p. 286) emotionally and psychologically in the analytic encounter, is indebted to Freud’s idea of constructions that compel ‘conviction’ (*überzeugung*) as memories.

There is room for readers to alight on any number of points in this wide-ranging collection. I have singled out the question of construction, together with the therapeutic aim of psychic revival, on account of its central importance in Borgogno’s

treatment of borderline patients; but the *agon* with Freud pertains throughout. This is evident, for instance, in the attitude the author adopts in favour of non-technical language coupled with his fundamental misgivings about “theoretical and clinical dynasties” (p. 335). Certainly, the essays have nothing much to offer readers with a predilection for formulaic thinking, and even less to those who allow dogma to settle matters. Borgogno parts company with certain schools of thought on these grounds, taking issue with arrogance and obfuscation where he perceives them to be. The critique is levelled at “the jargon of the establishment”, but also at “the hypocritical and moralistic aspects that dwell in us” (p. 304). For example, Max Graf is included among the fathers alongside Freud, whose ‘authoritarianism’ Borgogno seeks to challenge.

And yet while the critical attitude towards authority seems entirely consistent throughout the chapters, there is nonetheless an important distinction to be made here. The underlying critique of instrumentalism running through the clinical discussions as well as the historical essays is wide-ranging and, usefully, extends to self-criticism. As such, it offers a timely warning for an analytic community courting approbation and accreditation from various governmental sources. Borgogno’s own efforts in establishing links between psychoanalysis and the university are worth considering in this light. Of course psychoanalysis is in the world and has no choice but to remain there; this doesn’t mean, however, that it must succumb to market forces. To the contrary, Borgogno reminds us by clinical example that the analyst has a critical role to play in the world.

The polemic, on the other hand, is aimed squarely at Freud’s imperious bearing and, in particular, his “intransigence and indifference towards those who did not fall into line with his ideas” (p. 257). The criticism surfaces overtly in the chapter on ‘Little Hans’, but is otherwise pervasive. One can hear between the lines the verdict of Jung and others that Freud placed authority above truth. Can we envisage any kind of standing for psychoanalysis, beyond a collection of private sects (not such a farfetched idea as we look around us), without the instruction provided for by the authority of tradition? The author certainly doesn’t mean to flatter anyone or to compromise his enthusiasm with false humility. Nevertheless, we tend not to get very far in these essays with the crucial distinction between compliance and assent, or with Newman’s distinction between notional assent and real assent. This is too consequential a matter to adumbrate without further comment and, to be sure, it behoves the author to provide grounds for the rehearsal of familiar controversies.

Moving on from the critical tenor of the essays, the positive point is that Borgogno eschews systematic argument in favour of a largely felicitous series of scattered thoughts (*pensieri sparsi*), including, a record of his ongoing engagement with analytic colleagues. While his thinking tends to sprawl and spread itself out in surprising and often unpredictable ways; at the same time, the author encourages by clinical example the play of creative muddle and provisional remedies through a rough and ready attitude towards the experience of conversation. This principled approach is maintained primarily in a declared commitment to patients, a therapeutic combination of identification and respect with regards to the ‘rights’ and ‘reasons’ of patients (p. 237); hence the aim of holding patients in safety, as far as one can, until such time as they feel more confident about making their way in the world. Furthermore, in responding directly to the question of ethics in psychoanalysis, Borgogno emphasizes the rights of children; he allows for the initial interpersonal relationship as the primordial source of justice; and he counts the omission of assistance as the principal ethical problem of psychoanalysis. The idea that assistance

assembles us in justice as a spontaneous, primordial gesture, places him closer to the tradition of Augustine and Aquinas than to the Freudian-Lacanian *ethos* of tragic necessity. And he is clearly committed to this idea: “All my psychoanalytic reflections have been inspired by this concept of the omission of help and by the search for new theoretical and clinical avenues to improve our capacity to assist another mind” (p. 350).

An expansive, exploratory thinker, then, Borgogno’s work is best experienced and enjoyed in its kaleidoscopic search free from the constraints of systematization. At one point, he excuses himself and his present interlocutor, Dian Vallino, asking for clemency on account of their having “wandered a bit too far in [their] observations on the points discussed” (p. 230). I imagine readers who have followed him this far will be only too grateful for the characteristic quality of his thought to go astray. Admittedly, there were occasions when I felt the want of a sterner editorial hand. For example, due to the amalgamation of two previously published papers, the case of M is actually presented twice in Chapter 9 and, indeed, there is a limit to the number of times the same clinical material can be presented in a single volume. When polyphony becomes repetition readers will inevitably tire. And yet for the most part, we are the obvious beneficiaries of Borgogno’s willingness to follow his nose without restraint. In the event, the reader spends a good deal of time with the author off the beaten track. And if we allow ourselves to roam through the chapters in the convivial company of a “lively and vibrant thinker” (p. 19), then in my view there is a lot to be gained from an open-handed temperament combined with an independence that doesn’t place any special claim on the title.

I think I have probably said enough to give a flavour of the tenor and temper of the book and its overall tone of conviviality. It is important to stress the latter as it sets the analyst against nihilism. At this point, however, I should put the question: what does Borgogno argue *for*? I doubt the author would thank me for proposing now to schematize his argument. Inevitably, the schema is given at some obvious cost to the clinical detail, and yet beyond the obvious fact of our different temperaments, I also want to acknowledge that Borgogno isn’t simply wandering about in these essays without a fixed course. As he says himself, we require theory “in order to frame the clinical facts of a session or of a period of analysis” (p. 343), even if these theories “remain in the background” as we go on reflecting on our clinical experience. I take this to mean that analysts rely on the compass of theory without allowing it to become the last word, and of course theory plays a part in rendering the ‘journey’ what it appears to be. Turning to Borgogno’s argument, then, I suggest it consists of three main concerns: *the depriving situation*; *psychic deadness*; and *revivification*. Let me now try to illustrate this schematic reading with reference to the main chapter.

The book begins with the most recent version of a case presentation, the case of M, which has appeared on a number of occasions and in various contexts dating back over some twenty years. The question of why the author should return continually to this case is acknowledged but left answered. It may be that no answer is available to the author that isn’t essentially banal. We learn that Borgogno presented the case in order to qualify as a training and supervising analyst of the Società Psicoanalitica Italiana in 1994-1995; that he thinks of M as a “special patient” (p. xxi); and that he considers the chapter in which the case is presented “the heart of the book” (p. 4). M is variously described as a borderline and a schizoid-deprived patient, whose treatment is set out here in relation to a series of dreams. Borgogno treats the young woman’s dreams as “exact reproductions of a relational pattern that is anti-vital and pathogenic” (p. 32), starting with the dream the patient brings to her first session.

The dreams, therefore, are seen as a means of working-through actual traumatic events (p. 60). And we are told that not long after recounting the dream of a Japanese person committing *hara-kiri*, which the author refers to as “a sort of calling card” (p. 5), the patient remained almost completely silent and withdrawn for nearly four years.

Although it isn’t possible here to recount the treatment in any detail, the patient’s dream of *hara-kiri* in a cloister provides the analyst with a psychic sounding throughout the analysis. This isn’t to say that the dream-life of the claustrum alleviates the analyst’s feelings of uselessness and ineptitude (p. 186), or spares him from doubting whether it is worth going on with the analysis (p. 224). To the contrary, the despair and devastation of the patient’s inner life, as Slavin puts it, “gets into him...into his deepest self” (p. 112). Based on this experience of impotence in the countertransference, Borgogno posits the notion of “role-reversal” with respect to a non-neurotic type of repetitious enactment. In particular, he describes a “correspondence” (p. 293) in the transference-countertransference between the analyst’s identification with the dissociated and split-off infantile part of the patient and the patient’s pathological identification with a devitalized object.

Concentrating exclusively on the pathological meaning of the negative, the author proposes it is the “inversion of roles” (p. 286) that renders the “deletion at the heart of representation” discernable as “a marker of negativity” (Green, 1999, p. 197). How the patient is helped out of the “black hole” (p. 275) into which she appears to have fallen, is essentially what Borgogno sets out to describe in the chapter. And he insists that “the analyst must be more hopeful than the patient” (p. 7), while at the same time emphasizing the restorative function of working-through in the here-and-now as well as the “long wave” of the analysis. Here, he acknowledges the seminal contribution of Irma Brenman Pick and others, but goes on to elaborate things more specifically in terms of “the analyst’s function as a *living witness*” (p. 137). Working-through, therefore, is seen essentially as a work of reclamation in the face of profound failure.

In making an assessment of his own contribution to clinical thinking, Borgogno (pp. 336-40) singles out the “relational journey of working-through”; the analyst’s “witnessing function”; and the theory of “spoilt children”. He also includes the theory of “role-reversal”, which, insofar as it presupposes working as a witness in the long haul of the treatment, seems to me to crystallize his argument. Faced with a type of blank pain manifest in the patient’s withdrawn state: her “complaining, sighing, and moaning...session after session” (pp. 277-8), the “agonic scene” in which the analyst finds himself affords access to an unconscious identification with the lifeless mother, a “lethal, abusing, depriving object” (p. 215) that makes it impossible for the patient to learn how to live. And by ‘access’ I am not referring to projective identification so much as “the affective response of the analyst to the patient’s communications” (King, 1978), the reason being that Borgogno emphasizes the *role* the analyst is forced into by the patient as distinct from the feelings being projected into the analyst.

The distinction won’t necessarily stand up to scrutiny in some quarters but, nevertheless, the author proposes “projective exteriorizations” (p. 177) as occasions of personification, where the analyst finds himself “in the place of” (p. 212) the patient, responding in the manner of a “double” (César and Sára Botella, 2005). Although not elaborated theoretically, the clinical discussion of personification nonetheless points towards the idea of sympathetic attention based on the equivalences of identification. In the case of M, Borgogno argues that the patient was forced as a young child to witness her parents’ failure to live and, correspondingly, the analyst is forced to stand

aside helplessly while his patient's life comes to nothing. The case history thus affords valuable glimpses into the use patients make of the analyst as a useless object. It is important to differentiate this idea from contributions that are otherwise similar. In particular, I don't think the 'fear of breakdown' adequately covers the unthinkable experience of nullification, understood as the negative of the trauma, where something has *not* happened that should have done. Borgogno treats the latter in terms of the failure of life that repeatedly devastates. Anyone who has made contact in their therapeutic work with the conviction of catastrophe will value what the author has to say.

I have some questions, however. And I will restrict myself to a couple of points concerning identification and perception. For Borgogno, the analyst as impotent witness to the failure of life, that is, in the wake of the child's experience, is more important therapeutically than the analyst as murderous parent. But do we have to view this necessarily as a categorical distinction? The author pushes the claim in a dialogue with Jonathan Sklar that suggests two contrasting readings of Ferenczi: "Sklar...considers the most painful aspect for us analysts in these circumstances to be the fact of finding ourselves in the role of the murderous parent...whilst to my mind the most difficult element to bear is the intensity of the pain that a child feels when faced with such a parent" (p. 173). The claim is reiterated in a later chapter on Ferenczi as the "introjective psychoanalyst" *par excellence* (p. 305), although this tends to raise yet more questions about the nature of identification in Borgogno's argument. The chapter, which is intended as a demonstration of "the similarities between Ferenczi and Winnicott" (p. 298), advances its argument, partly at least, on the grounds that Klein's theory of primitive mental states is not "supported by sufficient identification" (p. 300) with infants and young children. What the author means by this extraordinary claim becomes clearer in the following chapter, namely, that Klein wasn't "very attentive to what might be the needs of infants or their real problems" (p. 332). This is an unfortunate line of argument and, if the aim is to clarify the links between Ferenczi and Winnicott, then it's hardly incidental that Klein was analyzed by Ferenczi and that Winnicott was a post-Kleinian.

On a further and no less consequential matter, while there is a brief reference to the analyst's "work of figurability" and the retrogressive movement of his mind in tandem with the patient's regression (p. 323n43), I think there is a more rigorous link to be made between working as a double (*travail en double*) and the analyst functioning or working as a witness. Personally, I don't see how this link could be made without recourse to a metapsychological reappraisal of the psychical activity of perception, including, "the value of the perceptual in relation to temporality"; at the same time "taking into account not only the representational transference-countertransference elements and the conflicts between the agencies, but also the processes, the psychic movements traversing both psyches at every level" (Botella and Botella, 2005, pp. 176-8).

Taking stock, then, I think we can extrapolate the main aspects of Borgogno's clinical argument from his theory of role-reversal: the aetiology of borderline states; the phenomenology of the negative; and the borderline psychotic transference. The aetiological argument attributes primacy to environmental deficiency; intergenerational trauma; psychic and historic disinheritance; and the psychosocial dynamic of deprivation-spoliation in the context of the family situation. The negative states of mind to which the author proposes the internal as well as the external aspects of these factors give rise, are identified under the heading of "psychic death" (cf. chapter 6). The phenomenology of despair, perhaps Borgogno's most moving

contribution, is reconstructed on the basis of this all pervasive sense of inner nothingness in the transference. In terms of treatment, the analyst is faced with the task of helping the patient find new possibilities for turning a bad start to some account, a long-term therapeutic endeavour with no guarantees that Borgogno envisages as a process of revivification. It seems appropriate that we end with an example of the interaction between patient and analyst along these lines, where “a space rich in new possibilities unexpectedly opens up” (p. 167).

During the fifth year in the analysis of M, the analyst interpreted the patient’s identification with a mother who “hated life” and his role as the child in the company of such a mother. “I explicitly displayed my feelings”, he explains, “as the object of her transference through a rumbling, vehement interpretation” (p. 15). The patient, who seems to have been “visibly moved” by the quality of the interpretation, is quoted as saying: “If you discover that you have an effect on other people, you feel real; you feel that you exist; therefore, others also exist for you and are real. That is what you give me. It’s not an indistinct or irritating noise...It’s something that comes *rumbling* from inside, which is alive and not dead at all, something that makes you feel reborn” (p. 16).

Where does the reference to ‘rumbling’ come from? Together, the “rumbling interpretation” and the patient’s vital response came in the wake of yet another long period of silence and withdrawal, following an “atypical sequence of sessions” (p. 13). During the course of these sessions the patient describes having “squared up” to an obstructive internal object (the analyst in the transference), and shortly afterwards a vehicle passes by outside the consulting room, “making a loud rumble” (p. 11). We’re told the patient started at the sound, in response to which the analyst made the following intervention: “A rhombus in answer to the square” (p. 11). While the play on words doesn’t work in English; the Italian *rombo*, as Borgogno reminds us, is the same word for ‘rumble’ and ‘rhombus’. The patient seemed rather delighted by the phrase, telling her analyst that the word *rombo* (‘rumble’) “was really you” (p. 11). For Borgogno, the episode in the later session may be seen as mutative against the background of the previous material and, moreover, in the context of the analytic work on and *within* silence (p. 136). As such, “the rumble/rhombus took shape as a shared term in the lexicon of our symbolic intercourse” (p. 18). For Sklar the sound of sense, in this case, is what matters (p. 148); whereas Goretti Regazzoni emphasizes the interplay of the signifier and the signified (p. 55). Typically, Borgogno invites this kind of exchange between colleagues, even where there is general agreement that having been rumbled from the inside, the patient seems to have found new possibilities for a vivid life of her own.

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